						EXPR	RESS MAIL NO.			
			NE (LL E) 4040)		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL				Application N	umber	09/654,373	PF/	CEIV		
				Filing Date	İ	September 1		<u> </u>		
F	First Named		Semple et al	MATTE .	4					
<u>-</u>	or FY 2			Examiner Na	me i	Naff, David N	и. MAR	15.2		
Applicant claims sr	mail entity sta			Art Unit		1651	OFFICE A			
TOTAL AMOUNT OF	PAYMENT	(\$)645.0	0	Attorney Doc	ket No.	480208.434	OFFICE O	- PETI		
METHOD OF PAYME	ENT (check al	I that apply)								
☐ Check ☐ Cred	it Card	Money Orde	or 🛮 Oth	er (please identify):			ļ		
Deposit Account		ccount Numb								
For the above-ide	entified depo	sit account, th	e Director is	s hereby authorize						
Charge feet		Charge fee(s) indicated below, except for the filing fee Charge any underpayments or credit any overpayments								
		e(s) or under	payments		underpaym	nents or credit	any overpaymen	ıts		
of fee(s) un	der 37 CFR 1	1.16 and 1.17						. 1		
Warning: Information on the authorization on PTO-2038	nis form may bec	ome public. Gred	iil card informa	tion should not be includ	led on this foi	m. Provide credit	care information and			
FEE CALCULATION			-			-				
1. BASIC FILING, S		EXAMINAT	ION FEES							
	•			DOU EEEs	EXAM	MINATION				
	FILING FEES			SEARCH FEES		EES				
		Small Entit	tv	Small Entity		Small Entitud				
					# (A)	Entity	r p.:4	(
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>	Fee (\$)	Fees Paid	<u>কা</u>		
Utility	330	165	540	270	220	110		—		
Design	220	110	100	50	140 :	70		;		
Provisional	220	110	0	0	0 ;	0		_		
2. EXCESS CLAIM	FEES				1		<u>Small</u>	<u>Entity</u>		
Fee Description						<u> </u>	Fee (\$) Fee	<u>(\$)</u>		
Each claim over 20 (in	cluding Reiss	ues)					52 2	26		
Each independent clai	m over 3 (incl	uding Reissue	s)		,		220 11	10		
Multiple dependent cla	aims						390 19	95		
Total Claims	Extra Cl	aims	Fee (\$)	Fee Paid (<u>\$)</u>	Multiple	Dependent Cla	<u>ims</u>		
-20 or HP	=	×		=		Fee (\$)	Fee Paid	(\$)		
HP = highest number	r of total clain	ns paid for, if	reater than	20.		·				
Indép. Claims	Extra Cl		Fee (\$)	Fee Paid (\$)					
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3. APPLICATION S		400 - L			ioolly fil	lad saguanca	or computer listin	nae		
If the specification ar under 37 CFR 1.52(e	nd drawings e	exceed 100 Sn ation size fee	neets of pap due is \$270	er (excluding elect) (\$135 for small el	ronically III ntity) for ea	eo sequence ach additional	50 sheets or frac	tion		
thereof. See 35 U.S.	.C. 41(a)(1)(0	6) and 37 CFF	₹ 1.16(s).	σ (φ 100 101 011Idii 01	·	2011 00011101721				
Total Sheets	Extra She			h additional 50 o	r fraction	thereof Fe	e (\$) Fee Pa	id (\$)		
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4. OTHER FEE(S)		_	(,	- -,	,		Fees Pa	 iid (\$)		
Non-English Specific	office \$120 f	ae (no email o	antity diego:	int)			<u> </u>	فالمفرد		
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Other (e.g., late filing	_	130.00	_ 444.		:					
<u>Deficiency f</u>	or 3.5 mainte	nance fee du	e to entity s	tatus change	;		<u>515.</u>	70		
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SUBMITTED BY	<u> </u>	<i></i>			- 	,	, 			
Signature	ر مل م	51.		Registration No. Attorney/Agent)	51,909	Telephone	206-622-4900			
Name (Print/Type)	Casi D.	DATE OF THE PARTY	<u></u>	Audiney/Agent)		Date	3/9/2010			

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March 9, 2010

OFFICE OF PETITIONS

Carol D. Laherty, Ph.D. Telephone: (206) 622-4900 CarolL@SeediP.com

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\$ 701 Fifth Avenue Suite 5400 Seattle, WA 98104 2 206.622.4900 2 206.682.6031 2 SeedIP.com	Urgent	X For Review	X Please (Please Reply ASAP						
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